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OCT 24 2003

PTO/SB/01 (12-87)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.10 (e)) required)

Attorney Docket Number	03067/02006
First Named Inventor	Jeffrey W. Adair
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 619,083
Filing Date	July 14, 2003
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention enclosed.

**Frictional Material Having OTT Localization Slots**

(The specification of which

(Title of the Invention)

Is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(f) or 368(b) of any foreign application(s) for patent or inventor's certificate, or 368(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(e) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior art information which is material to patentability as defined in 35 U.S.C. 102 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/88/02B attached hereto.  
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 20879 →  Place Customer Number Bar Code Label here  
 OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/88/02C attached hereto.  
Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name	Catherine B. Martineau, Esq.				
Address	Powertrain Technical Center				
Address	3800 Automation Avenue, Suite 100				
City	Auburn Hills	State	MI	ZIP	48326
Country	USA	Telephone		FAX	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor	<input type="checkbox"/> A petition has been filed for this unsigned Inventor				
Given Name (first and middle if any) Jeffrey W.		Family Name or Surname Adair			
Inventor's Signature				Date	10/3/03
Residence City	Longview	State	TX	Country	USA
Post Office Address	1001 Baylor Drive				
Post Office Address					
City	Longview	State	TX	ZIP	75601
Country					USA

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/88/02A attached hereto.

Please type a plus sign (+) inside this box →  +

PTO/88/02A (8-97)  
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_\_ of \_\_\_\_\_

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Family Name or Surname

Jeffrey D.

Morris

Inventor's Signature	Jeffrey D. Morris				Date	10/3/03	
Residence: City	Longview	State	TX	Country	USA	Citizenship	USA

Post Office Address

11230 FM 349

Post Office Address

City

Longview

State

TX

ZIP

75603

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_ of \_\_\_\_

#### Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

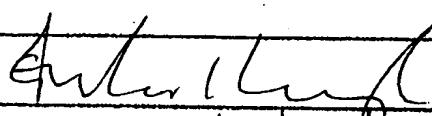
Given Name (first and middle [if any])

Family Name or Surname

Graham

Marlborough

Inventor's Signature



Date

24/09/08

Residence: City

Tondu

State

Country

UK

Citizenship

UK

Post Office Address

Ty Canol Derllwyn Road

Post Office Address

County of Mid Glamorgan

City

Tondu

State

ZIP

CF32 90G

Country

UK

#### Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

#### Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

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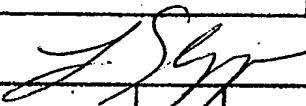
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Gary I.		Skipper					
Inventor's Signature						Date	19 - 09 - 03
Residence: City	Swansea	State	Country	UK	Citizenship	UK	
Post Office Address	#1 Clos Helyg						
Post Office Address	County of West Glamorgan, Gowerton						
City	Swansea	State	ZIP	Country	UK		
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State	Country		Citizenship		
Post Office Address							
Post Office Address							
City		State	ZIP	Country			
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State	Country		Citizenship		
Post Office Address							
Post Office Address							
City		State	ZIP	Country			

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5 of 6

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page \_\_\_\_ of \_\_\_\_

#### Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Norman R.

Jones

Inventor's Signature

18-Sept-03  
Date

Residence: City

Neath

State

Country

UK

Citizenship

UK

Post Office Address

28 Gardners Lane

Post Office Address

County of West Glamorgan

City

Neath

State

ZIP

SA11 2AH

Country

UK

#### Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

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Post Office Address

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6 of 6